FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB NUMBER: Expires:	3235-0076 May 31, 2008
Estimated average hours per response	

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Date Rece	ived
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	s is an amendment and name has changed, and indicate chan	ge.)
Series A Preferred Stock Filing Under (Check box(cs) that apply	(r):	Section 4(6) LPROCESSED
Type of Filing: New Filing	☐ Amendment	JUN 1 6 2008
	A, BASIC IDENTIFICATION DATA	JUN 1 0 2000
1. Enter the information requested about	out the issuer	DELITERS
Name of Issuer (Check if this is Location, Inc.	an amendment and name has changed, and indicate change.)	THOMSON REUTERS
Address of Executive Offices 68 Cumberland Street, Suite 304	(Number and Street, City, State, Zip Code) , Woonsocket, RI 02895	Telephone Number (Including Area Code) 401-766-3227
Address of Principal Business Operation (if different from Executive Offices) Same as above.	Ons (Number and Street, City, State, Zip Code)	Tetephone Number (Including Area Code) Same as above.
Brief Description of Business		Danie as above.
•	s with the locations best suited to their needs and do	
Type of Business Organization		SEC IVEII Processome
		other (please specify): Section
	☐ limited partnership, already formed ☐ limited partnership, to be formed ☐ Month Yes	other (please specify): SEC WEIL Processing Section Actual Estimated
	limited partnership, already formed limited partnership, to be formed Month Yes o 5 ion or Organization: zation: (Enter two-letter U.S. Postal Service abbreviation for	other (please specify): SEC WEIL Processing Section Actual Estimated
	limited partnership, already formed limited partnership, to be formed Month Yes o 5 ion or Organization: zation: (Enter two-letter U.S. Postal Service abbreviation for	other (please specify): SEC WEIL Processing Section Actual Estimated
	limited partnership, already formed limited partnership, to be formed Month Yes o 5 ion or Organization: zation: (Enter two-letter U.S. Postal Service abbreviation for	other (please specify): SEC IVEII Prosection Section Actual Estimated Weshington, DC R 111

Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering. any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

SEC 1972 (6/02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		D. OLG INTERPLETORS	PLON DATA		
 Each beneficial owner h 	d for the following:	as been organized within the vote or dispose, or direct to	ne past five years;	10% or more of	a class of equity
securities of the issuer; Each executive officer a Each general and manage	and director of corporing partner of partner	orate issuers and of corpor nership issuers.	ate general and managing	g partners of part	nership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Schiller, Andrew					
Business or Residence Address	(Numbe	r and Street, City, State, Z	ip Code)		
c/o Location, Inc., 68 Cumberla			Executive Officer	Director	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	Managing Partner
Full Name (Last name first, if ind	ividual)				
Couture, Andrew J.	Alumba	er and Street, City, State. Z	in Code)		
Business or Residence Address					
c/o Location, Inc., 68 Cumberta		04, Woonsocket, RI 0289 Beneficial Owner	5 Executive Officer	Director	General and/or
Check Box(es) that Apply:	Promoter	M Bellettelat Owner			Managing Partner
Full Name (Last name first, if ind	ividual)				
Scott, Shannon C.					
Business or Residence Address	(Numbe	er and Street, City, State, Z	(ip Code)		
c/o Location, Inc., 68 Cumberla	and Street, Suite 3	04, Woonsocket, RI 0289	5		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Jeffrey Weiss & Nancy Freema	n JTWROS	10 City Carty 7	(in Code)		
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
8 Whitney Drive, Lincoln, RI 0		Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer		Managing Partner
Full Name (Last name first, if inc	lividual)	.			
Slater Technology Fund, Inc.					
Business or Residence Address	(Numbe	er and Street, City, State, 2	Zip Code)		
3 Davol Square, Mailbox 188, 5	Suite A301, Provid				1
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Austin Park Capital AG					
Business or Residence Address	(Numbe	er and Street, City, State, 2	(ip Code)	•	
Grabenstr. 25, 6340 Baar, Swit				Diseases	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if inc	lividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				ivianaging rainter
		10. 0. 0. 0.	Via Codo)		
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		

				B. INFO	ORMATIO	N ABOUT	OFFERI	NG				
1. Has the iss	uer sold, o	r does the is	suer intend									√ 0
					Appendix, (
2. What is the	2. What is the minimum investment that will be accepted from any individual?								\$ None			
3. Does the o												_
If a person or states, li a broker or	n or similar to be listed st the name dealer, you	r remunerat l is an assoc e of the bro u may set fo	ion for soli- iated perso ker or deale orth the info	citation of p n or agent of r. If more	has been courchasers in of a broker of than five (5) that broker	n connection or dealer rep persons to	on with sale gistered wit be listed a	s of securit h the SEC :	ies in the of and/or with	a state		
Full Name (La	ast name ii	ist, ii maivi	duar)									
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)		•				
Name of Asso	ciated Bro	ker or Deal	er	<u> </u>		 -	,		<u> </u>			
States in Whi	ch Person l	isted Has S	Solicited or	Intends to	Solicit Purc	hasers					🗀 .	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L					0 7 6				_			
Business or R	tesidence A	iddress (Nu	mber and S	treet, City.	State, Zip C	,ode)						
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi	ch Person l	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers						A D Contac
•					[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	 [HI]	All States [ID]
(AL)	[AK] [IN]	(AZ) (IA)	[AR] [KS]	[CA] [KY]	[LA]	[ME]	[MD]	[MA]	[Mi]	[MN]	[MS]	[MO]
[IL] [MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	 _			[774]	[4.]							
			•									
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
					-							
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi					Solicit Purc							All States
(Check ".	All State (r check ind	IVIQUAI STA [AR]	(es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[1A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	ואאן	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[W <u>V]</u>	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering. check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Equity \$1,295,696.00 \$ 841,774.00* ☐ Common 🏻 Preferred \$ 0 Total \$ 1,295,696.00 \$ 841,774.00* * Of the \$841,774.00 in aggregate dollar amount of Series A Preferred Stock sold, \$525,280.00 in aggregate dollar amount was sold to new investors for cash and \$316,494.00 in aggregate dollar amount was issued to holders of the issuer's Convertible Promissory Notes in exchange for the conversion of the principal and accrued interest outstanding under such Notes in accordance with the terms and conditions of such Notes. Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases Aggregate Dollar Amount Number on the total lines. Enter "0" if answer is "none" or "zero." Investors of Purchases Accredited Investors 10 \$ 841,774.0<u>0</u> _ 0 Non-accredited Investors Total (for filings under Rule 504 only) <u>N/A</u> . Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold \$ 0 Rule 505 \$ 0 ____ Regulation A Rule 504 \$ 0 N/A **\$**_0_ N/A Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees □ **s**_0___

Printing and Engraving Costs

Legal Fees

Accounting Fees

Total

□ **s**_0__

■ \$ 10,000

□ \$<u>0</u>
□ \$_0

_	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
ı	I and total expenses furnished in respon	tate offering price given in response to Part C - Question use to Part C - Question 4.a. This difference is the		\$ <u>1,283,476.00</u>
1	ised for each of the purposes shown. If the stimate and check the box to the left of the	gross proceeds to the issuer used or proposed to be e amount for any purpose is not known, furnish an e estimate. The total of the payments listed must equal to forth in response to Part C - Question 4.b above.		
1	ne adjusted gross proceeds to the issuer si	it form in response to 1 art C - Question 4.5 doore.	Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		□ \$ <u>0</u>	\$ 0
	Purchase of real estate		S_0	\$ 0
		tion of machinery and equipment	□ \$ <u>0</u>	□ \$ <u>0</u>
		ngs and facilities		\$ 0
	Acquisition of other businesses (inclu	ding the value of securities involved in this for the assets or securities of another	□ \$ 0	□ \$ _0
	• •		☐ \$ 0	
	· · · · · · · · · · · · · · · · · · ·		□ \$ <u>0</u>	
	• • •		<u>-</u>	
	Column Totals		□ \$ <u>0</u>	⊠ \$ <u>1,283,476.00</u>
	Total Payments Listed (column totals	ndded)	⊠ \$ <u>1.</u>	283,476.00
		D. FEDERAL SIGNATURE		
	following signature constitutes an underta	be signed by the undersigned duly authorized person. If king by the issuer to furnish to the U.S. Securities and Excee issuer to any non-accredited investor pursuant to paragraphic	hange Commission, u	pon written request
İss	per (Print or Type)	Signature	Date	
Lo	eation, Inc.	1 W	June 3 , 200)8
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Αn	drew Schiller	President		
				=:

— ATTENTION ——

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
Is any party described in 17 CFR 230 of such rule?	2.262 presently subject to any of the disqualificatio	n provisions	Yes	No ⊠
	See Appendix, Column 5, for state respo	onse.		
The undersigned issuer hereby under Form D (17 CFR 239.500) at such to	takes to furnish to any state administrator of any st imes as required by state law.	ate in which this notice is filed, a r	iotice on	
The undersigned issuer hereby under issuer to offerees.	takes to furnish to the state administrators, upon w	ritten request, information furnishe	d by the	
limited Offering Exemption (ULOE	at the issuer is familiar with the conditions that must of the state in which this notice is filed and under establishing that these conditions have been satisfi	stands that the issuer claiming the	Jniform availability	
The issuer has read this notification and undersigned duly authorized person.	knows the contents to be true and has duly caused Λ	this notice to be signed on its beha	ilf by the	
Issuer (Print or Type)	Signature	Date	18	
Location, Inc.	U S	Jane - , 200		
Name of Signer (Print or Type)	Title of Signer (Print or Type)			

President

Andrew Schiller

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	to non- investo	d to sell accredited rs in State B-Item I	Type of security and aggregate offering price offered in state (Part C Item 1)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	Series A Preferred		Preferred Accredited Non-Accredited				Yes	No
AL	 								
AK									
AZ									
AR		X	\$1,295,696.00	1	\$25,004.00	0	\$0		Х
CA		-						<u> </u>	
CO									
CT		X	\$1,295,696.00	1	\$25,004.00	0	\$0		X
DE									
DC									
FL									
GA									
HI								<u> </u>	
ID									
IL									
IN									
IA									
KS				,	_				
KY									
LA									
ME									
MD									
MA		Х	\$1,295,696.00	1	\$25,004.00	0	S0		X
MI									
MN									
MS									

APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1		Type of security and aggregate offering price offered in state (Part C Item 1)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE		-							
NV	,								
NH									
NJ									
NM									
NY									
NC				-				<u> </u>	
ND									
ОН									
OK						<u> </u>			
OR									
PA									
RI		X	\$1,295,696.00	4	\$601,698.35	0	\$0		X
SC									
SD									
TN		X	\$1,295,696.00	1	\$25,004.00	0	S0		X
TX		Х	\$1,295,696.00	1	\$25,004.00	0	\$0		X
UT									
VT									
VA									
WA									
WV									
Wl									

				A	PPENDIX				
1	2	2 3 4						Disqual	5 lification
	Intend to to non-accinvestors (Part B-I	credited in State	Type of security and aggregate offering price offered in state (Part C Item I)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR					<u> </u>			-	

\$115,056.00

0

\$0

END

 \mathbf{X}

Intern'l.

X

\$1,295,696.00